

2244

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH		
BUREAU OF VITAL STATISTICS			State Index No. <u>200</u>		
County <u>Greenlee</u>			County Registered No. <u>74</u>		
District <u>Chifton</u>			Local Registrar's No. <u>27</u>		
Town <u>Chifton</u>			No. _____ St. _____		
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)					
FULL NAME <u>Rosa Spezia</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	Color or Race <u>White - Italian</u>	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>April 17</u> 191 <u>8</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>August 15</u> 186 <u>9</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>April 14</u> 191 <u>8</u> to <u>April 17</u> 191 <u>8</u> ; that I last saw her alive on <u>April 17</u> 191 <u>8</u> , and that death occurred on the date stated above at <u>4:30</u> M. The DISEASE or INJURY causing Death was as follows: <u>Endocarditis</u>		
AGE <u>47</u> yrs. <u>8</u> mos. <u>2</u> days hrs., or min.			(Duration) _____ yrs. _____ mos. _____ days		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer) <u>Housewife</u>			Was disease contracted in Arizona? _____ If not, where? _____		
BIRTHPLACE (State or country) <u>Italy</u>			CONTRIBUTORY <u>Unknown</u> (Duration) _____ yrs. _____ mos. _____ days		
PARENTS	NAME OF FATHER <u>Felix Spezia</u>		(Signed) <u>E. R. M. Chilton</u>		
	BIRTHPLACE OF FATHER State or country <u>Italy</u>		4/18 1918 (Address) <u>Chifton</u>		
	MAIDEN NAME OF MOTHER <u>Teresa Calcaterra</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
BIRTHPLACE OF MOTHER State or country <u>Italy</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____					
PLACE OF BURIAL OR REMOVAL <u>Inocenci</u>		DATE OF BURIAL OR REMOVAL <u>April 20</u> 191 <u>8</u>			
UNDERTAKER <u>L. P. Pascoe</u>		ADDRESS <u>Chifton</u>			
			Former or Usual Residence Filed <u>4-24</u> 191 <u>8</u> <u>M. J. Tancian</u> Local Registrar Filed <u>4-14</u> 191 <u>8</u> <u>E. R. M. Chilton</u> County Registrar		